STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE
ONIDA WATCHMAN		09/30/2014
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE $
WEEKLY	52	30, 34, 36

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)

PO BOX 245, ONIDA, SULLY, SOUTH DAKOTA, 57564-0245

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)

PO BOX 245, ONIDA, SULLY, SOUTH DAKOTA 57564-0245

6. FULL NAME OF PUBLISHER: CURTIS R. OLSON

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
THE ONIDA WATCHMAN, INC.	PO BOX 245, ONIDA, SD 57564

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

NONE

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1100	1100
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	150	150
2. Mail Subscription (Paid and or requested)	813	811
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	963	961
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	29	30
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	992	991
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	108	109
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1100	1100

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

PUBLISHER

(Title)

State of South Dakota)
§
County of SULLY)

Sworn to before me this 30 day of Oct, 2014

Notary Public

My commission expires: 4-24-2016

(Seal)

Form: SOS REC 051 8/2014

STOCKHOLDERS

Richard R. Olson
18607 303rd Ave
Onida, South Dakota 57564